



STATE OF ILLINOIS
ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF AIR POLLUTION CONTROL
2200 CHURCHILL ROAD
SPRINGFIELD, ILLINOIS 62706

This Agency is authorized to require this information under Illinois Revised Statutes, 1979, Chapter 111 1.2, Section 1039. Disclosure of this information is required under that Section. Failure to do so may prevent this form from being processed and could result in your application being denied. This form has been approved by the Forms Management Center.

DATA AND INFORMATION

FOR AGENCY USE ONLY

INCORPORATION BY REFERENCE

THIS FORM IS TO BE USED TO INCORPORATE OR TRANSFER INFORMATION FROM ONE PERMIT APPLICATION TO ANOTHER, INCLUDING THE TRANSFER OF INFORMATION FROM A CONSTRUCTION PERMIT APPLICATION INTO AN OPERATING PERMIT APPLICATION. THIS FORM SHOULD ACCOMPANY THE APPLICATION INTO WHICH INFORMATION IS TO BE TRANSFERRED.

1. NAME OF OWNER: <u>Waste Management of Illinois, Inc.</u>	2. NAME OF CORPORATE DIV. OR PLANT (IF DIFFERENT FROM OWNER): <u>CID</u>	
3. STREET ADDRESS OF EMISSION SOURCE: <u>138th & Calumet Expressway</u>	4. CITY OF EMISSION SOURCE: <u>Calumet City</u>	5. IDENTIFICATION NUMBER: <u>031039AAW</u>

6. APPLICATION NUMBER: <u>86090023</u>	7. <input checked="" type="checkbox"/> CONSTRUCTION <input type="checkbox"/> OPERATION OF <u>Landfill Leachate Pretreatment Facility</u>	
8. SHOULD ALL INFORMATION IN THIS APPLICATION BE INCORPORATED BY REFERENCE OR TRANSFERRED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF "NO", LIST ITEMS TO BE INCORPORATED:		
9a. ITEM TO BE INCORPORATED:	b. PAGE:	c. FLOW DIAGRAM DESIGNATION (IF APPLICABLE):
10. DOES THE DATA & INFORMATION DESCRIBING THESE ITEMS REMAIN TRUE, CORRECT, CURRENT AND COMPLETE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF "NO", SUBMIT THE APPLICABLE FORMS AND CLEARLY STATE THE DATA AND INFORMATION WHICH IS NO LONGER TRUE, CORRECT, CURRENT AND COMPLETE.		

11. APPLICATION NUMBER	12. <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> OPERATION OF	
13. SHOULD ALL INFORMATION IN THIS APPLICATION BE INCORPORATED BY REFERENCE OR TRANSFERRED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "NO", LIST ITEMS TO BE INCORPORATED:		
14a. ITEM TO BE INCORPORATED:	b. PAGE:	c. FLOW DIAGRAM DESIGNATION (IF APPLICABLE):
15. DOES THE DATA & INFORMATION DESCRIBING THESE ITEMS REMAIN TRUE, CORRECT, CURRENT AND COMPLETE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "NO", SUBMIT THE APPLICABLE FORMS AND CLEARLY STATE THE DATA AND INFORMATION WHICH IS NO LONGER TRUE, CORRECT, CURRENT AND COMPLETE.		

IL 532-0245
APC 210 Rev. 6/11/79

EPA Region 5 Records Ctr.



304142

9. DOES THIS APPLICATION CONTAIN A PLOT PLAN, MAP:

☒ YES ☐ NO

IF A PLOT PLAN/MAP HAS PREVIOUSLY BEEN SUBMITTED, SPECIFY:

AGENCY I.D. NUMBER _____

APPLICATION NUMBER _____

IS THE APPROXIMATE SIZE OF APPLICANT'S PREMISES LESS THAN 1 ACRE? *The parcel at CID where the Bio Plant is constructed is less than 1 acre.

☐ YES ☒ NO: SPECIFY * _____ ACRES

10. DOES THIS APPLICATION CONTAIN A PROCESS FLOW DIAGRAM(S) THAT ACCURATELY AND CLEARLY REPRESENTS CURRENT PRACTICE.

☒ YES ☐ NO

11a. WAS ANY EQUIPMENT, COVERED BY THIS APPLICATION, OWNED OR CONTRACTED FOR, BY THE APPLICANT PRIOR TO APRIL 14, 1972:

☐ YES ☒ NO

IF "YES", ATTACH AN ADDITIONAL SHEET, EXHIBIT A, THAT:

- (a) LISTS OR DESCRIBES THE EQUIPMENT
- (b) STATES WHETHER THE EQUIPMENT WAS IN COMPLIANCE WITH THE RULES AND REGULATIONS GOVERNING THE CONTROL OF AIR POLLUTION PRIOR TO APRIL 14, 1972.

11b. HAS ANY EQUIPMENT, COVERED BY THIS APPLICATION, NOT PREVIOUSLY RECEIVED AN OPERATING PERMIT:

☐ YES ☒ NO

IF "YES", ATTACH AN ADDITIONAL SHEET, EXHIBIT B, THAT:

- (a) LISTS OR DESCRIBES THE EQUIPMENT
- (b) STATES WHETHER THE EQUIPMENT
 - (i) IS ORIGINAL OR ADDITIONAL EQUIPMENT
 - (ii) REPLACES EXISTING EQUIPMENT, OR
 - (iii) MODIFIES EXISTING EQUIPMENT
- (c) PROVIDES THE ANTICIPATED OR ACTUAL DATES OF THE COMMENCEMENT OF CONSTRUCTION AND THE START-UP OF THE EQUIPMENT

12. IF THIS APPLICATION INCORPORATES BY REFERENCE A PREVIOUSLY GRANTED PERMIT(S), HAS FORM APC-210, "DATA AND INFORMATION-- INCORPORATION BY REFERENCE" BEEN COMPLETED.

☒ YES ☐ NO

13. DOES THE STARTUP OF AN EMISSION SOURCE COVERED BY THIS APPLICATION PRODUCE AIR CONTAMINANT EMISSION IN EXCESS OF APPLICABLE STANDARDS:

☐ YES ☒ NO

IF "YES," HAS FORM APC-203, "OPERATION DURING STARTUP" BEEN COMPLETED FOR THIS SOURCE:

☐ YES ☐ NO

14. DOES THIS APPLICATION REQUEST PERMISSION TO OPERATE AN EMISSION SOURCE DURING MALFUNCTIONS OR BREAKDOWNS:

☐ YES ☒ NO

IF "YES," HAS FORM APC-204, "OPERATION DURING MALFUNCTION AND BREAKDOWN" BEEN COMPLETED FOR THIS SOURCE:

☐ YES ☐ NO

15. IS AN EMISSION SOURCE COVERED BY THIS APPLICATION SUBJECT TO A FUTURE COMPLIANCE DATE:

☐ YES ☒ NO

IF "YES," HAS FORM APC-202, "COMPLIANCE PROGRAM & PROJECT COMPLETION SCHEDULE," BEEN COMPLETED FOR THIS SOURCE:

☐ YES ☐ NO

16. DOES THE FACILITY COVERED BY THIS APPLICATION REQUIRE AN EPISODE ACTION PLAN (REFER TO GUIDELINES FOR EPISODE ACTION PLANS):

☐ YES ☒ NO

17. WAS THIS OPERATION THE SUBJECT OF A VARIANCE PETITION FILED WITH THE ILLINOIS POLLUTION CONTROL BOARD ON OR BEFORE JUNE 13, 1972:

☐ YES ☒ NO

IF "YES," CITE: PCB NUMBER(S) _____, DATE OF BOARD ORDER _____

WAS CONSTRUCTION OR MODIFICATION OF EQUIPMENT, SUFFICIENT TO ACHIEVE COMPLIANCE WITH THE "RULES AND REGULATIONS GOVERNING THE CONTROL OF AIR POLLUTION" EFFECTIVE PRIOR TO APRIL 14, 1972, COMMENCED PRIOR TO APRIL 14, 1972:

☐ YES ☒ NO

IF "YES," EXPLAIN IN DETAIL, AND IDENTIFY EXPLANATION AS EXHIBIT D.

18. LIST AND IDENTIFY ALL FORMS, EXHIBITS, AND OTHER INFORMATION SUBMITTED AS PART OF THIS APPLICATION. INCLUDE THE PAGE NUMBERS ON EACH ITEM (ATTACH ADDITIONAL SHEETS IF NECESSARY):

TOTAL NUMBER OF PAGES _____

APPLICATION FOR OPERATING PERMIT ONLY



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DIVISION OF AIR POLLUTION CONTROL
2200 CHURCHILL ROAD
SPRINGFIELD, ILLINOIS 62706

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APPLICATION FOR A PERMIT (A)

☒ CONSTRUCT ☐ OPERATE

FOR AGENCY USE ONLY

I. D. NO. _____

PERMIT NO. _____

DATE _____

OF EQUIPMENT TO BE
TRUCTED OR OPERATED Leachate & Industrial Wastewater (B)

Pre-Treatment Facility (Expansion)

NAME OF OWNER:

Waste Management of Illinois, Inc.

STREET ADDRESS OF OWNER:

138th & Calumet Expressway

CITY OF OWNER:

Calumet City

STATE OF OWNER:

Illinois

1e. ZIP CODE:

60409

2a. NAME OF OPERATOR:

Waste Management of Illinois, Inc.

2b. STREET ADDRESS OF OPERATOR:

138th & Calumet Expressway

2c. CITY OF OPERATOR:

Calumet City

2d. STATE OF OPERATOR:

Illinois

2e. ZIP CODE:

60409

NAME OF CORPORATE DIVISION OR PLANT:

CID

CITY OF EMISSION SOURCE:

Calumet City

3d. LOCATED WITHIN CITY

LIMITS: ☒ YES ☐ NO

3b. STREET ADDRESS OF EMISSION SOURCE:

138th & Calumet Expressway

3e. TOWNSHIP:

Thornton

3f. COUNTY:

Cook

3g. ZIP CODE:

60409

ALL CORRESPONDENCE TO: (TITLE AND/OR NAME OF INDIVIDUAL)

Kurt Thaus Ken Gelting

ADDRESS FOR CORRESPONDENCE: (CHECK ONLY ONE)

☐ OWNER:

☒ OPERATOR

☐ EMISSION SOURCE

5. TELEPHONE NUMBER FOR AGENCY TO CALL:

312/646-3099

7. YOUR DESIGNATION FOR THIS APPLICATION: (C)

B I O P L A N T E X

AUTHORIZED SIGNATURE(S): (D)

BY: Richard De Young

11/5/90
DATE

BY: Richard De Young

11/5/90
DATE

Richard De Young

TYPED OR PRINTED NAME OF SIGNER

Vice President

TITLE OF SIGNER

Richard De Young

TYPED OR PRINTED NAME OF SIGNER

Vice President

TITLE OF SIGNER

- (A) THIS FORM IS TO PROVIDE THE AGENCY WITH GENERAL INFORMATION ABOUT THE EQUIPMENT TO BE CONSTRUCTED OR OPERATED. THIS FORM MAY ONLY BE USED TO REQUEST ONE TYPE OF PERMIT - CONSTRUCTION OR OPERATION - AND NOT BOTH.
- (B) ENTER THE GENERIC NAME OF THE EQUIPMENT TO BE CONSTRUCTED OR OPERATED. THIS NAME WILL APPEAR ON THE PERMIT WHICH MAY BE ISSUED PURSUANT TO THIS APPLICATION. THIS FORM MUST BE ACCOMPANIED BY OTHER APPLICABLE FORMS AND INFORMATION.
- (C) PROVIDE A DESIGNATION IN ITEM 7 ABOVE WHICH YOU WOULD LIKE THE AGENCY TO USE FOR IDENTIFICATION OF YOUR EQUIPMENT. YOUR DESIGNATION WILL BE REFERENCED IN CORRESPONDENCE FROM THIS AGENCY RELATIVE TO THIS APPLICATION. YOUR DESIGNATION MUST NOT EXCEED TEN (10) CHARACTERS.
- (D) THIS APPLICATION MUST BE SIGNED IN ACCORDANCE WITH PCB REGS., CHAPTER 2, PART 1, RULE 103(a)(4) OR 103(b)(5) WHICH STATES: "ALL APPLICATIONS AND SUPPLEMENTS THERETO SHALL BE SIGNED BY THE OWNER AND OPERATOR OF THE EMISSION SOURCE OR AIR POLLUTION CONTROL EQUIPMENT, OR THEIR AUTHORIZED AGENT, AND SHALL BE ACCOMPANIED BY EVIDENCE OF AUTHORITY TO SIGN THE APPLICATION."

IF THE OWNER OR OPERATOR IS A CORPORATION, SUCH CORPORATION MUST HAVE ON FILE WITH THE AGENCY A CERTIFIED COPY OF A RESOLUTION OF THE CORPORATION'S BOARD OF DIRECTORS AUTHORIZING THE PERSONS SIGNING THIS APPLICATION TO CAUSE OR ALLOW THE CONSTRUCTION OR OPERATION OF THE EQUIPMENT TO BE COVERED BY THE PERMIT.

SCHEDULE F - CHARACTERISTICS OF WASTE DISCHARGES

PROJECT INFORMATION:

Name of Project: Waste Management of Illinois, Inc., CID Recycling & Disposal Facility
Leachate & Industrial Wastewater Pretreatment Facility
 Location of Project: 138th & Calumet Expressway, Calumet City, Illinois 60409
 (Street address or with respect to two major streets)
 Municipality: Calumet City
 (Township if unincorporated)

2. **FLOW DATA:** Average daily flow: Existing 52,450 gpd. Proposed 78,675 gpd.
 Maximum daily flow: Existing 100,000 gpd. Proposed 150,000 gpd.

3. **TYPE OF WASTE TREATMENT:** Submit Schedule G - Treatment or Pretreatment Facilities.

4. **WASTE CHARACTERISTICS:** Complete the following table as indicated.

Required for all cases			Required when discharging to waterway or storm sewer		
Constituent	Raw Waste (mg/l)	Treated Waste (mg/l)	Constituent	Raw Waste (mg/l)	Treated Waste (mg/l)
Biochemical Oxygen Demand, 5-Day (BOD ₅)	7,200 (30,000)	2,850 (7,500)	Ammonia Nitrogen (as N)	1500	300
Boron (Total)	15	23	Arsenic (Total)	0.13	0.16
Cadmium (Total)	0.004	< 2	Barium	<0.05	<0.05
Chromium (Total Hexavalent)	0.40	<0.5	Chloride	8400	8700
Chromium (Total Trivalent)	0.288	0.308	Fluoride	1.4	1.6
Copper (Total)	0.27	< 3	Iron (Dissolved)	10	50
Cyanide (Total)	<0.02	< 0.02	Manganese (Total)	0.542	<1.0
Cyanide (Free)	<0.02	< 0.02	Phenols	33.2	0.112
Iron (Total)	10	< 50	Phosphorus (as P)	549	215
Lead (Total)	0.14	< 0.5	Selenium (Total)	0.057	< 0.012
Mercury (Total)	< 0.0005 0.0005	< 0.0005 0.0005	Silver (Total)	<0.030	<0.030
Nickel (Total)	0.63	<10	Sulfate (as SO ₄)	170	130
Oil (Hexane Soluble)	18	<5	Total Dissolved Solids	20200	19600
Suspended Solids	700 (50)	500 (<500)	Fecal Coliform (Counts per 100 ml)	<div></div>	10
Zinc (Total)	0.65 6-7	<15 5-10			
pH range	(2 to 8)	(5 to 10)			
Temperature, max.	39 °C	39 °C			
Radioactive wastes present	yes () no (X)	yes () no (X)			

Revised 11-01-89

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